Name in Full

Certificate of Death

Viola. Boyd

Died at Town: Mill Green County: Harford MARYLAND

Date 189 Month: 11 Day: 27 Age Y. 3 M. D. Native of Harford Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced

Number of children living

Husband / Wife of

Father's Name Joseph D. Boyd, Mother's Name Ella Boyd

Cause of Death — Primary: Tuberculous Meningitis — How long sick: 20 days

Immediate

226,

Accident, Suicide, Homicide

Reported by Dr W L Arthur

Address Mill Green Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Carol Bradford

Died at Town Mountain County Harford MARYLAND

Date 189 Month Nov. Day 14 | Age Y. M. D. | Native of | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Liver Complaint 92 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Chas. E. Hornberger, undertaker

Address Bynum, Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Dr. Chas Bayley, Bayley P.O. Dec. 13

Name in Full | Certificate of Death

Solomon Brookhart

Died at Town: Jarrettsville County: Harford MARYLAND

Date 189 Month: Nov Day: 13 | Age Y. 75 M. 3 D. 10 | Native of Md | Occupation Plasterer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 6

Husband ~~Wife~~ of Mary Gross

Father's Name Could not | Mother's Name assertain

Cause of Death: Primary Paralysis 44 | How long sick 2 days

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Martin L Jarrett MD

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Edward Brown

Certificate of Death

Died at Town — Fallston County Harford MARYLAND

Date 189 8 Month Nov Day

Age Y. 35 M. D.

Native of Harford

Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living —

Husband / Wife of —

Father's Name —

Mother's Name —

Cause of Death — Primary: Consumption 22a — How long sick 2 years

Immediate: Consumption — Accident, Suicide, Homicide —

Reported by C. F. H. Gorsuch M.D.

Address Fall Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Harry Clark

Certificate of Death

Died at Town Abingdon County Harford MARYLAND

Date 1898 Month Nov Day 17 Age Y. 24 M. D.

Native of

Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband of
Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonarie — How long sick 2 1/2 yrs

Immediate

Accident, Suicide, Homicide

Reported by J. C. Bullen

Address , Bullen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

William Crew

Died at Town Belair County Harford MARYLAND

Date 1898 Month Nov Day 30 Age Y. 92 M. D. Netive of Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living none

Husband of Wife

Father's Name Charles Crew

Mother's Name unknown

Cause of Death Primary old age 141 How long sick 2 weeks

Immediate same ~~Accident Suicide, Homicide~~

Reported by Silas Scarboro M D

Address Belair Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65983

Name In Full

John S. Cowen

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 1896 Month Nov. Day 30 | Age Y. 79 M. 4 D. | Native of Maryland | Occupation Wheelwright

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living none

Husband / Wife of Margaret Edwards

Father's Name Unable to learn | Mother's Name Unable to learn

Cause of Death: Primary Pneumonia 72 | How long sick one week

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Dr. R H Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full | Certificate of Death

Fanny Ann Davis.

Died at Town: Aberdeen County: Harford MARYLAND

Date 1895 Month: November Day: 18th Age Y. 40 M. — D. Native of Md. Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One.

~~Husband~~ Wife of Septimus Davis M.D.

Father's Name Samuel G Griffith Mother's Name Mary Keyfold.

Cause of Death
- Primary: General Debility caused by age & dislocated shoulder — How long sick: 6 Months
- Immediate: Asthenia. 144 — ~~Accident, Suicide, Homicide~~

Reported by S Griffith Davis Jr. M.D.

Address 201 W. Madison St Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by P. Chapman M.D.

of Perryman Md.

Attended by Dr. J Griffith Davis Jr. M.D.

of 201 W. Madison St Balto

Information contained in this certificate received from J Griffith Davis Jr Md.

of 201 W. Madison St Balto

Name in Full

Certificate of Death

Lennie Davis

Died at (Town) Wilna (County) Harford MARYLAND

Date 189 8 Month Nov Day 28 | Age Y. 27 M. D. | Native of Harford | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name Isaac Davis

Mother's Name 22a

Cause of Death: Primary Consumption — How long sick 4 yrs

Immediate

Accident, Suicide, Homicide

Reported by J C Baltz

Address Belair

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs Edward Duff

Certificate of Death

Died at Town: Bel Air County: Harford MARYLAND

Date 1898 Month: Nov Day: 10 Age Y. 24 M. D. | Native of | Occupation

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ Wife of Edward Duff —

Father's Name: Wesley Phelps

Mother's Name:

Cause of Death — Primary: Capelary Bronchitis 7 | How long sick: 1 wk

Immediate: Heart failure | Accident, Suicide, Homicide

Reported by J. C. Butler

Address Bel Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Andrew J. Gorsuch

Died at Town: Havre de Grace County: Harford MARYLAND

Date 189 8 Month: Nov. Day: 11 | Age Y.: 83 M.: 9 D.: | Native of: American | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living 6

Husband / Wife of Ellen V. Margaret Gorsuch

Father's Name: Abraham Gorsuch | Mother's Name: Unable to learn

Cause of Death: Primary: Kidney disease (Albuminuria) | How long sick: 2 mo

Organic / Immediate: ~~Uremia~~ Coma 97 | Accident, Suicide, Homicide

Reported by Dr. R. H. Smith

Address Havre de Grace Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Albert Jones

Died at Town Dublin County Harford MARYLAND

Date 189 8. Month 11. Day 4 Age Y. 18. M. 3. D. 7 Native of Harford. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Jos. S. Jones. Mother's Name May Jones

Cause of Death Primary Pulmonary Tuberculosis. How long sick Own Year.

Immediate 22a Accident, Suicide, Homicide

Reported by Dr. W. E. Arthur.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 65868

Name in Full Sarah Lee

Certificate of Death

Lee

Died at Town Bel Air County Harford MARYLAND

Date 1898 Month Nov Day 10 Age Y. 57 M. D. Native of Md Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ ~~Wife~~ of Otho S. Lee

Father's Name John Griffith Mother's Name Priscilla Stump

Cause of Death Primary Nephritis Chronic 97 How long sick over two years

Immediate Uraemic poisoning Accident, Suicide, Homicide

Reported by William S. Archer

Address Bel Air Md

Must be signed by physician, if any in attendance, other [illegible] coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Clemont Livezy

Certificate of Death

Died at Town Emmorton County Harford MARYLAND

Date 1898 Month Nov. Day 30 Age Y. 3 M. 7 D. Native of Harford Co Occupation

Male ~~White~~ white ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number~~ of children living

~~Husband of~~

Wife

Father's Name Robt J. Livezy Mother's Name

Cause of Death Primary Croup 86 How long sick 30 hours

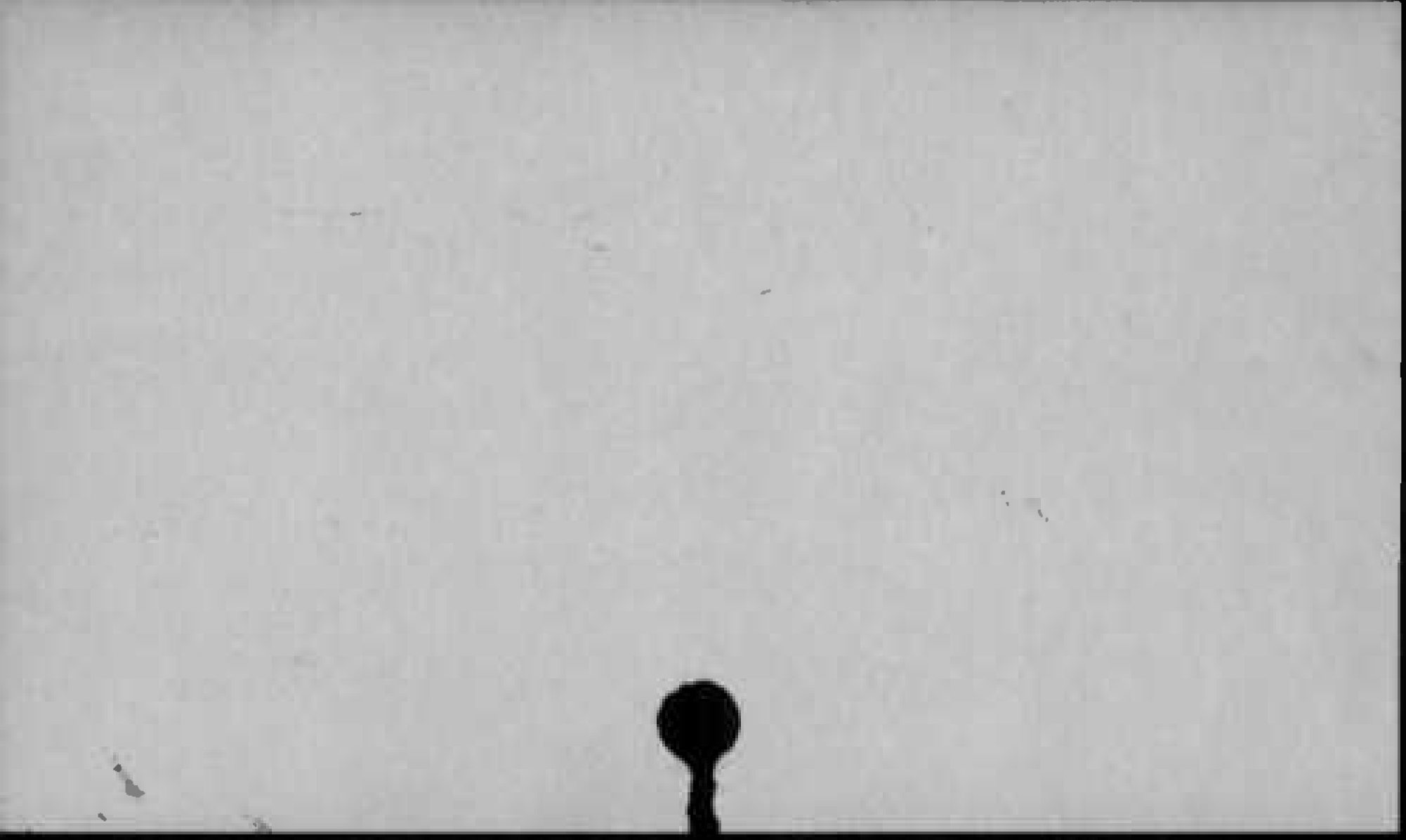
Immediate Accident, Suicide, Homicide

Reported by J. C. Butler Bel Air Md

Address This child died just as I got in the room, had not seen it previous. It had been taking medicine under my direction

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU



Name in Full

Grace Love

Certificate of Death

Died at Town: Cecil County: Harford MARYLAND

Date 189 8 Month: Nov Day: 13 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary — Paralysis 44 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Belair Times. Nov 19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full

Mrs. Barbara Miller

Certificate of Death

Died at Aberdeen (Town) Harford (County) MARYLAND

Date 189 5 Month 11-24 Day | Age Y. 86 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband Wife of

153

Father's Name

Mother's Name

Cause of Death { Primary: General debility | Immediate

How long sick

Accident, Suicide, Homicide

Reported by H. B. Rose, M. D.

Address Aberdeen, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

0-70-12-17

Certificate of Death

Name in Full Mrs. Linn Black Norris

Died at Town Delta County Harford MARYLAND

Date 1898 Month 11 Day 22 | Age Y. 88 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living

~~Husband~~ ~~Wife~~ of Salem Norris

Father's Name | Mother's Name

Cause of Death: Primary 10/ | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 11-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75706

Name in Full

Certificate of Death

Cynthia A. Riley

Died at Town: Aberdeen County: Harford MARYLAND

Date 1898 Month: Nov. Day: 9 | Age Y. 59 M. 11 D. — | Native of Harford Co | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widowed~~ | ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of —

Father's Name: James Riley

Mother's Name: Matilda Riley

Cause of Death — Primary: Typhoid Fever / How long sick: 8 days

Immediate: Exhaustion / Accident, Suicide, Homicide

Reported by: Chas. H. Knight M.D.

Address: Aberdeen Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Mrs Wm Rogers Sr

Town

County

Died at Emmorton Harford MARYLAND

Month Day Y. M. D. | Native of | Occupation

Date 189 8 Nov 20 | Age 74

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Wm Rogers

Father's Name

Mother's Name

Cause of Death: Primary — Paralysis — How long sick 3 days

Immediate — 44 — ~~Accident, Suicide, Homicide~~

Reported by J. C. Pollitt

Address Bel Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Theobe Blanche Smith

Certificate of Death

Died at Town: Bel Air County: Stanford. MARYLAND

Date 1895 Month: Nov Day: 17 Age Y. M. D.: 14 Native of: Maryland Occupation:

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Richard Mother's Name: Fanny

Cause of Death: Primary 81 ~~How long sick~~

Immediate Infamation of the Stomach ~~Accident, Suicide, Homicide~~

Reported by Jas Ward. Scott M.D. OVER

Address Bel Air Md OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. Jas Ward. Scott
of Bel Air

Information contained in this certificate received from N. Dean Tow
of Bel Air Md

Name in Full Phoebe Blanch Smith

Certificate of Death

Died at Town Bel Air County Harford Co. MARYLAND

Date 1898 Month Nov. Day 17 Age Y. M. D. 14 Native of Maryland Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Richard Smith Mother's Name Fanny Smith

Cause of Death ~~Primary~~ Immediate Acute Gastritis 81

How long sick 4 days

Accident, Suicide, Homicide

Reported by Jas. Ward Scott M.D.

Address Bel. Air Harford Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Nana Ruth Thompson.

Diod at Town: Seaford County: Harford MARYLAND

Date 189 8. Month: 7 Day: 3 Age Y. 3. M. 10 D. Native of: Harford Occupation

~~Male~~ Female ~~Colored~~ White Married Single Widow Widower Divorced Number of children living

Husband Wife of

Father's Name: Jno. E. Thompson Mother's Name: Ella Thompson

Cause of Death: Primary Pneumonia. 72 How long sick: Eight days

Immediate

Accident, Suicide, Homicide

Reported by Dr W. E. Arthur

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 68968

Name in Full Millard Ganz Waters

Certificate of Death

Died at Town Bellair County Harford MARYLAND

Date 1898 Month Nov Day 25 Age Y. — M. 7 D. Native of Occupation

Male white ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number~~ of children living

Husband of Wife

Father's Name D W Waters Mother's Name

Cause of Death Primary Pneumonia 72 How long sick 10 days

Immediate Accident, Suicide, Homicide

Reported by J. C. Butler Bellair

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968